

3. All patients are fully exempt for the first 60 days of admission to chronic care beds less the number of days spent in such beds during the previous 12 months.
4. Patients occupying chronic care beds who are receiving rehabilitation are fully exempt for up to 180 days (excluding the common 60-day exemption) where, in the opinion of the attending physician, they are receiving rehabilitation and will be returning to the community. This exemption can be extended for a maximum of 180 days, thus allowing for a total maximum exemption under this circumstance of 420 days (i.e. 60 + 180 + 180 = 420).
5. Patients with a dependant under 18 living in the community may be eligible for a full or partial exemption based on their total family income.
6. Elderly patients with a spouse living in the community who is not receiving OAS/GIS/GAINS payments or Spouse's Allowance may qualify for a full or partial exemption based on their total family income.

How are chronic care co-payments made?

The chronic care co-payment is payable to the hospital on a monthly basis after the 60-day exemption expires.

What are the chronic care co-payment rates?

Current rates are available from any hospital that provides chronic care.

Should you require further information about chronic care co-payments or exemptions, please contact the hospital administrator or write directly to:

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Institutional Operations Branch
Ministry of Health
7th Floor – 15 Overlea Blvd.
Toronto, Ontario
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SHARING THE COST of CHRONIC CARE



Sharing the cost

Chronic care is available in hospitals throughout Ontario for those who have long-term illnesses or disabilities which cannot be treated at home. These patients need the skilled, professional medical care available in chronic care facilities.

Chronic care facilities provide patients with room, board and other basic necessities in addition to required health care. Patients who occupy chronic care beds for more than 60 days contribute to the cost of their room and board through co-payments, unless they qualify for an exemption. The chronic care co-payment fee is the same for all patients in chronic care beds.

The elderly

Elderly patients are those 65 years of age and over. The chronic care co-payment is related to the minimum income guarantee provided by federal and provincial payments to the single elderly: Old Age Security (OAS), Guaranteed Income Supplement (GIS) and Guaranteed Annual Income System (GAINS).

These government benefits are intended to assist the elderly with the daily costs of living in the community. Those who live in long-term care hospitals, however, have their room and board provided while in hospital and are, therefore, required to contribute toward these costs. In fact, co-payment does not fully cover the cost of room and board provided by chronic care facilities.

The chronic care co-payment is set at a lower rate than the combined OAS/GIS/GAINS income guarantee. This ensures that elderly patients with no source of income other than these provincial and federal payments are left with a comfort allowance or spending money.

The co-payment is based on the following formula: maximum OAS + maximum GIS + maximum GAINS – comfort allowance = chronic care co-payment. For example, if total government payments were \$600 and the comfort allowance was set at \$70, the co-payment would be \$530.

The co-payment is adjusted automatically every three months in accordance with Consumer Price Index adjustments to OAS and GIS and also may be adjusted following special increases to GIS and/or GAINS.

A comfort allowance is the minimum income which can be left over after the chronic care co-payment is paid.

Comfort allowances receive periodic review to ensure that patients who have no private incomes have spending money to meet personal needs. Comfort allowances have never been reduced.

All patients are automatically exempt from co-payments for the first 60 days following admission to a chronic care bed unless the person has been in a chronic care hospital recently. There are special circumstances in which elderly persons may qualify for further exemptions (see exemptions section, numbers 4, 5 and 6).

For those under 65

The chronic care co-payments for those under 65 is the same as that for the elderly. However, patients under 65 who are receiving social assistance including family benefits are exempt from the co-payment. Also, some patients with dependents living in the community may qualify for partial or total exemption from the co-payment on the basis of their family income and family size. Please contact your hospital regarding this type of exemption.

Exemptions

There are a number of circumstances in which patients may qualify for exemptions from the co-payment. These exemptions (which are reviewed periodically) are as follows:

1. All patients under age 18 are fully exempt.
2. All patients who receive Family Benefits or General Welfare Assistance are fully exempt.